

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date	_7,	16/2	<u>co5</u>
Time Start	2	45	PA
Time Finish	3:	15	PM

HAZARDOUS WASTE INSPECTION REPORT CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company name HIGHWAY MARINE SERVICE I.D. Number PAROCOO 43205
Address 875 N. WEST END BLUP
County BUCKS Municipality QUAKERTOWN ZIP 18951
Name of Inspector ALEX PACE
Name & Title of Responsible Official GARY WINNER -OWNER
Person Interviewed GARY WIAMER Telephone (2.5) 536-472
Mailing Address (if different from above)
Amount of Hazardous Waste Generated per Month:kgibs
Waste Determination Completed? Yes No Waste On-Site Greater Than 1,000 kg. Yes No.
Universal Waste: Large Quantity Handler? Small Quantity Handler?
Universal Waste Types
1. Waste Handling Method:
On-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270.
Off-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270 or having interim status under Chapter 265a and incorporated sections of 40 CFR Part 265.
On-Site treatment & off-site treatment, storage or disposal in compliance with 40 CFR Section 261.5 and 25 PA Code Section 261a.5.
Off-Site in a permitted municipal or industrial facility in another state.
Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste
Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste
2. Hazardous Waste Transportation: Self transportation
If no: Transporter Name SARETY KLEEN SYS
License Number Pa AH 0172
3. Types of hazardous waste generated and destination facility (location & type).
Waste Code Waste Description Destination Facility
DOOI WASTE PAINT ROLATED MATE SAFETY KLESS SYS
633 E. 13874 ST
POLTON, ILL, GOY19

Please refar to the instructions for Filling Motification before completing this form. The information requested here is required by law (Section 3010 of the Resource Construction and Recovery Act).

SEPA

Notification of A Regulated Waste Activity

f _ (For Official Use Only)

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	
A. First Notification B. Subsequent Notification (complete item C)	C. installation's EPA ID Number PIAROOOO431268
II. Name of Installation (Include company and specific site name)	
Hilghway Marrine Isler	- V i C e
III. Location of Installation (Physical address not P.O. Box or Route Num	iber)
Street	
Rolute 30911111	
Street (continued)	
8751 M.W. and Bluch	Share
City or Town	State ZIP Code
Quakle ritiown 1 1 1 1	P H 1 8 9 5 1 -
County Code County Name	
0117810161815111111111	
IV. Installation Mailing Address (See instructions)	
Street or P.O. Box	
1111Days 611111	
City or Town	State ZIP Code
V. Installation Contact (Person to be contacted regarding waste activities	es at site)
Name (last) (ffrst)	
Ylon Bro	andon
Job Title Phone N	iumber (area code and number)
Sielriviice mainager 215	5-536-4721
Vi. Installation Contact Adoress (See instructions)	
A. Contact Address B. Street or P.O. Box	A STATE OF THE STA
City or Town	State ZIP Code
VII. Ownership (See instructions)	
A. Name of Installation's Legal Owner	
Gary Wimmer I	
Street. P O. Box. or Route Number	
Gary Wilmhele III	State ZIP Code
Street. PO Box. or Route Number	State ZIP Code
Street. P O'Box. or Route Number City or Town	

EDA Form 2700.17 Day 3 101 Oramone agrica-

<i>i</i>		ı		ID - Fo	Official Us	e Oniv
-			TI	TTT		
VIII. Type of Regulated Waste Activity (Mar	k 'Y' in the appro	nriste hoves	Refer to li	astructions.		
		pridice boxes.				ties
A. Hazardous Was 1. Generator (See Instructions) 2. Greater than 1000kg/mo (2,200 lbs.) 3. 100 to 1000 kg/mo (220 - 2,200 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 be a. For own waste only 3. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Vrauer 5. Other - specify	3. Treater, Sinstallator for this action this action is a control of the control	torer Disposer in Note. A permatrivity: see instructs: Waste Fuel atter Marketing to Marketers and/or Industrial Small Quantity to Type of Combins! Utility Boiler Industrial Furnal Industrial Furnal Industrial Furnal Industrial Furnal Industrial Furnal United Injection Columnia Injection Inje	t is required coors. Burner Furnace Exemption oustion	1. Off.	Generator Marketer Burner - indicator Type of Comp 1. Utility 8 2. Industri 3. Industri	Used O3 Fuel keting to Burner Tate device(s) - ustion Device clier tal Eoller tal Furnace d Oil Fuel Markete try Who First
	5. Undergro	und injection of		; • 1	Texasia a	2 1 2 mm
C. Other Wastes. (State or other wastes requiring	Parts 261.20 - 261.2 Parts 261	EPA nazarous waste	o numberst for to	than 12 waste	ccdes.)	
I certification I certify under penalty of law that this docum accordance with a system designed to as submitted. Based on my inquiry of the person gathering the information, the information complete. I am aware that there are significal imprisonment for knowing violations. Signs: Te	Sure that qualifi n or persons who submitted is, to	chments were ed personnel o manage the o the best of ubmitting fals	properly system, or to my knowle einformation	gather and those perso edge and b on, including	evaluate th ns directly re ellef, true,	e information esponsible for accurate, and
8ah RB 6.19.00 9	Bicnelon	You -		37	6	- 7- 00
Note: Mail completed form to the appropriate EF	A Regional or Sta	te Office. (See	Section III o	if the bookle	for ladress	95.;



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

1650 Arch Street, May Code 3WC22

Philadelphia, Pennsylvania 19103-2029

Re: Notification of Hazardous Waste Activity

RECEIVED

EPA REGION III

G. Wilson

Dear Hazardous Waste Handler:

The U.S. Environmental Protection Agency (EPA) has received your Notification Form, which you filed pursuant to Section 3010 of the amended Resource Conservation and Recovery Act.

We have reviewed the form and are returning it to you for clarification or missing information as indicated below:

Please provide a more specific address (ie constracts
distance from cross roads, etc.)
Also, the phone number listed for the contact
person is incorrect. Please privide, the correct
Iphone number.

Please return the completed form together with this letter to the address indicated in the letterhead no later than: JUNE 30, 2000.

EPA will consider you as having not notified and in violation of Section 3010 of the Act if you do not complete and return this form by the date indicated.

If you have any questions concerning the Notification form, please call the Technical & Support Branch information line at (215) 814-3413.

Sincerely,

Gmerice E. Wilson (3WC11)

Environmental Protection Specialist

Technical Support Branch



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAR000043208

07/10/00

HWY MARINE SVC RT 309 875 NW END OF BLVD QUAKERTOWN , PA BRANDON YON SVC MGR

INSTALLATION ADDRESS

RT 309 875 NW END OF BLVD QUAKERTOWN , PA 18951

EPA Form 8700-12A (1/98)